

<b>REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL</b> ADDRESS TO: <b>MAIL STOP RCE</b> P.O. Box 1450 Alexandria, VA 22313-1450		Application Number <b>09/473,904</b> Filing Date <b>December 28, 1995</b> First Named Inventor <b>CHEE, M. ET AL.</b> Group Art Unit <b>1639</b> Examiner Name <b>FRIEND, H.F.</b> Attorney Docket No. <b>A-67493-2RMS/DCF/KJC</b>
<b>This is my request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-captioned application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application</b>		I hereby certify that this document is being deposited with the U.S. Postal Service with sufficient postage as first class mail addressed to Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this <b>8/29/03</b> Name: Marcus Bradford

**1. Submission required under 37 C.F.R. § 1.114**

- a.  Previously submitted
  - i.  Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on \_\_\_\_\_ (Any unentered amendment(s) referred to above will be entered.)
  - ii.  Consider the arguments in the Appeal Brief or Reply Brief previously filed on \_\_\_\_\_
  - iii.  Other: \_\_\_\_\_
- b.  Enclosed
  - i.  Amendment and Response to Final Office Action
  - ii.  Request for Extension of Time of Two Months
  - iii.  Form 1449 and Reference

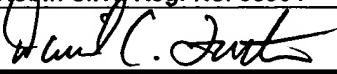
**2. Miscellaneous**

- a.  Suspension of action on the above-captioned application is requested under 37 C.F.R. § 1.103(c) for a period of \_\_\_\_\_ months. (Period of suspension shall not exceed three months; Fee under 37 C.F.R. § 1.17(i) required.)
- b.  Other: \_\_\_\_\_

**3. Fees** The RCE fee under 37 C.F.R. § 1.17(e) is required by 37 C.F.R. § 1.114 when the RCE is filed.

- a.  The Fees are calculated as follows:
 

	AMOUNT	<input type="checkbox"/> Large Entity	<input type="checkbox"/> Small Entity
i. <input checked="" type="checkbox"/> RCE BASIC FEE	\$ 375.00	\$ 750.00	\$ 375.00
ii. <input type="checkbox"/> EXTENSION FEES	\$	\$	\$ 0
iii. <input type="checkbox"/> OTHER (MULTIPLE DEPENDENT CLAIMS (\$280) AND 2 EXTRA CLAIMS IN EXCESS OF 20 (\$36.00))	\$	\$	\$
- b.  A check in the amount of \$750.00 is enclosed. The Commissioner is hereby authorized to charge any variance between the amount enclosed and the Patent Office charges to Deposit Account No. 50-2319 (Our Order No. 4692439-139/RMS/DCF/KJC)
- c.  The Commissioner is hereby authorized to charge the fees as indicated above, charge any variance or credit any overpayments, to Deposit Account No. \_\_\_\_\_

SUBMITTED BY		Complete (if applicable)	
Typed or Printed Name	David C. Foster, Reg. No. 44,685 for Robin Silva Reg. No. 38304 Customer No. 32940		Registration No. _____
Signature			Date <b>8/29/2003</b>